

In re application of: Smith and McAuley

Serial No.: 09/662,203

Filed: September 14, 2000

For: **BREATHING ASSISTANCE APPARATUS**BOX: FEE AMENDMENT
ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 30	MINUS	** 20	10
INDEP.	* 2	MINUS	** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY	
Rate	Addit. Fee
x 9 =	\$.00
x 42 =	\$.00
+ 130 =	\$.00
TOTAL	
ADDIT. FEE	\$.00

OR

OTHER THAN A SMALL ENTITY	
Rate	Addit. Fee
x 18 =	\$180.00
x 84 =	\$.00
+ 260 =	\$.00
TOTAL	
	\$ 180.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ Request for a One-Month Extension of Time.
- ☐ Please charge my Deposit Account No. 20-1495 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$110.00 to cover the Extension fee is enclosed.
- ☒ A check in the amount of \$180.00 for payment of extra claims.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17

Dated: June 18, 2002

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